School District Medicaid Administrative Match (MAM) Webinar 2010

Brought to you by:

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Alan Himsl

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Larry Linn

Tyron Nixon

Welcome

Today's Topics

- Overview of Apple Health for Kids
- Manual Update Overview
- Setting District Calendars
- Monitoring Findings
- Missing Time Reports
- Outreach Coordination with Other Agencies
- Program Improvements
- Questions and Answers

Apple Health for Kids

- Website:

http://hrsa.dshs.wa.gov/AppleHealth/index.shtml

Washington Apple Health for Kids

Contact Us Toll-free 1-877-543-7669

Cell phone users: Because the Apple Health for Kids hot line is a national referral number, calls from out-of-state cell phones will be routed back to the state with that area code. You must call from a telephone number with a Washington State area code to be directed to Washington State benefits.

Cover all kids

| Home | Am I Eligible | I Want to Apply | FAQs | Talk to Us | Media Center |

Apple Health for Kids is a new Washington State initiative aimed at streamlining applications for children's medical. Up to 75,000 Washington children are still uninsured. Many of these families are eligible – but they just don't know it. Don't make that mistake. Health coverage doesn't just work when your children are sick. It also includes preventive care like immunizations or physical exams. If your children need coverage, check it out today.

Eligibility Checklist

Apple Health for Kids is a new concept in state medical assistance. Instead of making families apply for different programs, we have streamlined the process so that any child in a family that meets the income eligibility standards will be covered. No struggling for details or choosing between programs. It's easy to check your eligibility. Just fill in a quick checklist and compare your income and family size to the criteria. Check your eligibility.

Frequently Asked Questions

Do you have questions about the Apple Health for Kids Program? We've answered some of the most popular questions in our Frequently Asked Questions.

Renewing Your Child's Medical

Every year, families need to verify that their income remains within eligibility standards of Apple Health for Kids. It's easy to do, and the forms don't take long to complete. Click here for more information.

Children's Coverage

Basic Health is a state-sponsored program providing low-cost health care coverage through private health plans.

Administration

Enrollment figures for DSHS medical programs and program organizational chart.

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If your monthly family income is below the amounts listed on the chart below, your children may qualify for Apple Health for Kids - either as free medical coverage or as low-cost health insurance. Remember to include all adults in the family, and remember that a pregnant woman counts as two people when determining household size.

Calculate your income, then compare to chart below:

Your family's monthly income (before tax): [   ] (do not use commas)

Monthly work-related child-or adult-care expenses you pay: [   ]

Monthly court-ordered child-support payments you pay for a child living outside the home:
[   ]

Number of working adults in household: [1 ▾]

[   ] [Calculate]

If your income is close to these amounts but over, we still encourage you to call 1-877-543-7669.

Family size	THESE INCOME LEVELS QUALIFY FOR: Free health insurance		THESE INCOME LEVELS QUALIFY FOR: $20 monthly premium per child. No family pays more than $40.		THESE INCOME LEVELS QUALIFY FOR: $30 monthly premium per child. No family pays more than $60.	
	Monthly income	Annual income	Monthly income	Annual income	Monthly income	Annual income
1	Up to $1,805	Up to $21,660	Up to $2,257	Up to $27,075	Up to $2,708	Up to $32,490
2	Up to $2,429	Up to $29,140	Up to $3,036	Up to $36,425	Up to $3,643	Up to $43,710
3	Up to $3,052	Up to $36,620	Up to $3,815	Up to $45,775	Up to $4,578	Up to $54,930
4	Up to $3,675	Up to $44,100	Up to $4,594	Up to $55,125	Up to $5,513	Up to $66,150
5	Up to $4,299	Up to $51,580	Up to $5,373	Up to $64,475	Up to $6,448	Up to $77,370
6 or more	Add $624 for each additional child	Add $7,480 for each additional child	Add $780 for each additional child	Add $9,350 for each additional child	Add $935 for each additional child	Add $11,220 for each additional child

- Premiums are based on the number of children in a family but no family pays more than two premiums a month.

- Children must be under the age of 19.

- Pregnancy counts as an additional person.

Other programs are available for families and pregnant women. Call 1-800-562-3022 toll-free to ask about that coverage or visit your local DSHS Community Service Office to find out more. (A locator is available on

Contact Us Toll-free 1-877-543-7669

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Washington Apple Health for Kids

Cover all Kids

| Home | Am I Eligible | I Want to Apply | FAQs | Talk to Us | Media Center |

I Want To Apply

1. Download the Apple Health for Kids pdf application form:

English   Cambodian   Chinese   Korean   Laotian   Russian   Spanish   Vietnamese

2. Complete the form, sign it and mail it to us at the address listed on the form.

Reminders

- Your child does not have to be a citizen to receive health coverage in Washington State. If your child is a citizen, we will need to verify his or her citizenship. We will mail you a special form for that information after we receive your application.

- Enter the amount of your income before taxes.

- Be sure to include a phone number where we can reach you.

- Be sure to include all the children living with you. That can make a difference in whether you have to pay monthly premiums or not.

If you need help with this form or have questions

- Contact someone directly in your county.

- Call the DSHS Community Service Office closest to you. You can find the office's phone number and address by using this helpful locator device.

- Call the Medical Assistance Customer Service Center toll-free at 1-800-562-3022 between 7 a.m. and 5:30 p.m. weekdays.

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Washington State
Department of Social
& Health Services

HRSA Health & Recovery
Services Administration

APPLICATION FOR CHILDREN'S MEDICAL BENEFITS

Washington
**Apple Health
for Kids**

This application is for medical coverage only for children and teens under 19. Anyone can apply on behalf of a child. Children may apply on their own behalf. **We will send the person listed in box 1 all follow-up information.** If you have questions or would like help filling out this form, just call 1-877-543-7669. We'll be happy to help you!

Please print in black or blue ink. Do not use pencil. **(List parent, guardian or contact person who will receive follow-up information)**

1. FIRST NAME	MIDDLE INITIAL	LAST NAME

2. ADDRESS WHERE YOU LIVE	STREET	CITY	STATE	ZIP CODE

3. MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

4. TELEPHONE NUMBERS
HOME
(   )
WORK
(   )
MESSAGE
(   )

5. Do you have trouble speaking, reading or writing English? ☐ Yes ☐ No
   What language or alternative format do you need? _____

Do you need an interpreter? (If yes, we will help you through an interpreter). ☐ Yes ☐ No
   What language do you speak? _____

6. Does a child under 19 have a medical condition that needs attention right away? ☐ Yes ☐ No
   Is anyone in your home pregnant? ☐ Yes ☐ No
   If "yes", who? _____

General Information

7. List family members **living together.** (If needed, attach a separate sheet of paper to list more family members).

NAME (FIRST, MIDDLE, LAST)	SEX M or F	RELATION TO YOU	BIRTH DATE (MO/DA/YR)	SOCIAL SECURITY NUMBER *=OPTIONAL	U.S. CITIZEN YES NO	PLACE OF BIRTH (CITY/STATE)	COMPLETE IF CHILD IS **NOT** A U.S. CITIZEN	
							LIST DATE CHILD ARRIVED IN U.S.	DOES CHILD HAVE A SPONSOR? YES NO
A. Parent, Guardian or Self				*	☐ ☐			
B. Spouse or Other Parent (If living in the home)				*	☐ ☐			
C. List Children & Teens Under 19 Years of Age **(who want medical benefits)**					☐ ☐			☐ ☐
D.					☐ ☐			☐ ☐
E.					☐ ☐			☐ ☐
F.					☐ ☐			☐ ☐
G. List Other Adults/Children in the Home **(who do not want medical benefits)**				*		Note: Please attach any documents showing children's status.		
				*				

8. Is a child under age 19 in your household disabled? ☐ Yes ☐ No   If "Yes", who? _____

Expenses This information can help your children qualify.

9. Do you pay for childcare while you work?	☐ Yes ☐ No	If "Yes", how much per month? $_____
Do you pay someone to take care of a disabled dependent adult while you work?	☐ Yes ☐ No	If "Yes", how much per month? $_____
10. Do you pay court ordered child support for a child who is not living in your home?	☐ Yes ☐ No	If "Yes", how much per month? $_____

DSHS 14-380 (REV. 07/2008) TRANSLATED

Barcode label

14380

DSHS Home
CSO Main
Your Office
Services
Eligibility
Apply
Resources

Eligibility Reviews
QUEST Card
Electronic Benefits EBT-EFT
Answer Phone
Forms

Find other DSHS services

Register to **VOTE**

Access **Washington®**
Official State Government Website

Locate a Community Service Office

Locate a Community Service Office (CSO) near your home to get information or to apply for or

1. TYPE YOUR HOME ZIP CODE IN THE BOX BELOW:

Zip Code: [   ] **Find**

(Need help _finding_ your Zip Code?)

Or

3. CLICK ON THE COUNTY WHERE YOU LIVE

Or **2. IF KNOWN, SELECT OFFICE FROM LIST:**

Select Office Name ▼
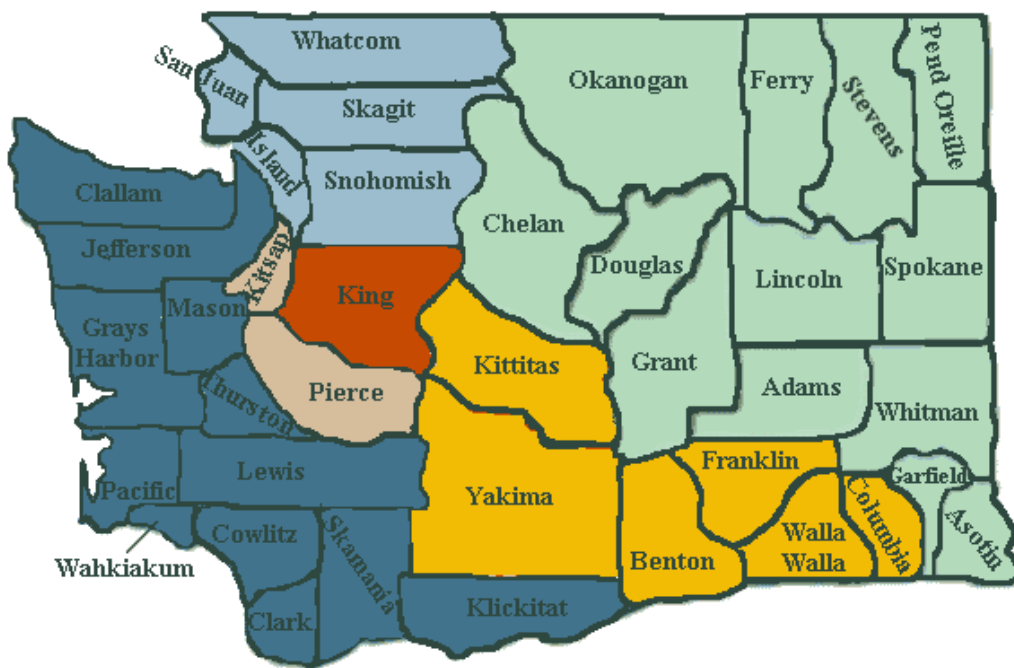
Page modified: Tuesday, September 28, 2010   Privacy Notice
Contact this program   Contact DSHS   Contact Webmaster

Manual Overview

- Posted on MAM website:

    - http://hrsa.dshs.wa.gov/mam/pdf/mam/SchoolManual.pdf

Washington State

School Based

Medicaid Administrative Match

Manual

September 1, 2010

School Based Medicaid Administrative Match (MAM) Manual

Table of Contents
(TOP)

Calendaring

- Earlier deadline for future years—Aug. 15

- Why? Time study days are selected beginning with the start date of each quarter.

- Some school districts start school in August.

- Quarter staff lists, designated and random staff, need to be identified before quarter start date.

Issues We Have Found in Monitorings

- Time study form pre-population

- Parallel Coding

- Supervisor /participant signatures required in five working days
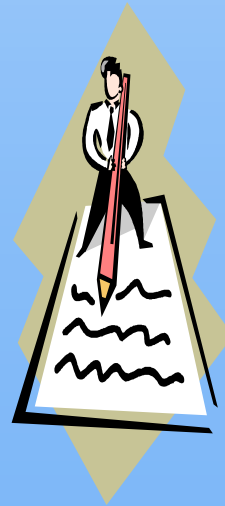
- Missing Time Reports

Pre-population of Time Study Forms

- CAUTION!

- Only pre-populate the following areas:
  - Staff name
  - Job Title
  - Date of Time Study
  - School District
  - School Building

Medicaid Administrative Match – Schools – Time Study Form

Washington State
Department of Social
& Health Services
HRSA Health & Recovery
Services Administration

STAFF NAME (PRINT)	JOB TITLE	DATE OF TIME STUDY (MM/DD/YY):
BAD LEROY BROWN	**CLASSROOM TEACHER**	**10/27/2010**

SCHOOL DISTRICT	SCHOOL BUILDING
DISSAPPOINTMENT SCHOOL DISTRICT	**STRESSED OUT MIDDLE SCHOOL**

This time study form represents the codable activities that I performed during the "Date of Time Study" above. I did not alter my normal routine for the time study. I did not use any other form to track my time for purposes of claiming administrative match funds.

STAFF SIGNATURE *Bad L Brown*   DATE **10/27/2010**

I reviewed this time study form and it is complete and in compliance with Medicaid Administrative Match program guidelines.

SUPERVISOR'S SIGNATURE *Diane Dreaaful*   DATE **10/27/2010**

CODE IDENTIFIERS	Total Time
Code 3 – EDUCATIONAL SCHOOL RELATED ACTIVITES – Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students	*7*
Code 4 – DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, and staff related travel.	

SYSTEM SUPPORT/PERSONAL ACTIVITIES	Tick Marks 15-Min Each	Provide a Brief Narrative Description For "b" codes	Total Time
Code 10 – SYSTEM SUPPORT OR PERSONAL TIME (Staff meetings, breaks, lunch, annual leave, and sick leave and Medicaid Ad Match Time Study Training.)			**.50**
PARALLEL CODING ACTIVITIES			
OUTREACH			
Code 1a – Inform students/families about general health education, wellness and prevention programs, IDEA and Child Find activities			
Code 1b – Inform students/families about Medicaid and Medicaid managed care and encourage access			
FACILITATING APPLICATIONS			
Code 2a – Explain eligibility process and how to apply for programs like IDEA, TANF, and reduced lunches			
Code 2b – Explain and assist students/families with Medicaid application process, verify current status			
TRANSPORTATION			
Code 5a – Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, and/or educational programs or activities)			
Code 5b – Scheduling or arranging transportation to Medicaid covered services			
PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION			
Code 7a – Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health screening, policy development, for school aged children			
Code 7b – Improving coordination/delivery/planning of medical/dental/mental health/chemical dependency services to children			
TRAINING (PARTICIPATION IN OR COORDINATION)			
Code 8a – Improving delivery and referral to non-Medicaid services like IDEA/Child Find activities/programs			
Code 8b – Improving delivery and referral to Medicaid related services, early identification and referral for special health services like well-child exams. Training for the time study should be recorded under Code 10.			
REFERRAL, MONITORING OF MEDICAID SERVICES			
Code 9a – Referrals for non-medical services or state education agency mandated child health screens (free Care) e.g., vision, hearing, scoliosis services			
Code 9b – Referrals, coordination, monitoring of Medicaid medical, dental, mental health, substance abuse, and family planning services			

Total paid time this day: 7.5	Total time tracked this day (must equal paid time): 7.5

Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

Medicaid Administrative Match – Schools – Time Study Form

STAFF NAME (PRINT)	JOB TITLE	DATE OF TIME STUDY (MM/DD/YY):
SUZIE SMARTS	**CLASSROOM TEACHER**	**10/27/2010**

SCHOOL DISTRICT	SCHOOL BUILDING
ON TARGET SCHOOL DISTRICT	**PERFECT SENIOR HIGH**

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STAFF SIGNATURE *Ms. Suzie Smarts*   DATE *10/27/2010*

I reviewed this time study form and it is complete and in compliance with Medicaid Administrative Match program guidelines.

SUPERVISOR'S SIGNATURE *Brad Brainy*   DATE *Oct. 28 2010*

CODE IDENTIFIERS	Total Time
Code 3 – EDUCATIONAL SCHOOL RELATED ACTIVITES – Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students	*5.75*
Code 4 – DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, and staff related travel.	

SYSTEM SUPPORT/PERSONAL ACTIVITIES	Tick Marks 15-Min Each	Provide a Brief Narrative Description For "b" codes	Total Time
Code 10 – SYSTEM SUPPORT OR PERSONAL TIME (Staff meetings, breaks, lunch, annual leave, and sick leave and Medicaid Ad Match Time Study Training.)	// //		*1.00*
PARALLEL CODING ACTIVITIES			
OUTREACH			
Code 1a – Inform students/families about general health education, wellness and prevention programs, IDEA and Child Find activities	/		*.25*
Code 1b – Inform students/families about Medicaid and Medicaid managed care and encourage access			
FACILITATING APPLICATIONS			
Code 2a – Explain eligibility process and how to apply for programs like IDEA, TANF, and reduced lunches			
Code 2b – Explain and assist students/families with Medicaid application process, verify current status			
TRANSPORTATION			
Code 5a – Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, and/or educational programs or activities)			
Code 5b – Scheduling or arranging transportation to Medicaid covered services			
PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION			
Code 7a – Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health screening, policy development, for school aged children			
Code 7b – Improving coordination/delivery/planning of medical/dental/mental health/chemical dependency services to children			
TRAINING (PARTICIPATION IN OR COORDINATION)			
Code 8a – Improving delivery and referral to non-Medicaid services like IDEA/Child Find activities/programs	//		*.50*
Code 8b – Improving delivery and referral to Medicaid related services, early identification and referral for special health services like well-child exams. Training for the time study should be recorded under Code 10.			
REFERRAL, MONITORING OF MEDICAID SERVICES			
Code 9a – Referrals for non-medical services or state education agency mandated child health screens (free Care) e.g., vision, hearing, scoliosis services			
Code 9b – Referrals, coordination, monitoring of Medicaid medical, dental, mental health, substance abuse, and family planning services			

Total paid time this day: *7.5*	Total time tracked this day (must equal paid time): *7.5*

Parallel Coding

- CMS Requirement

- Train staff to record "a" code activities when such activities occur on a time study day.

- Codes 1a, 2a, 5a, 7a, 8a, 9a

Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

Medicaid Administrative Match – Schools – Time Study Form

STAFF NAME (PRINT)	JOB TITLE	DATE OF TIME STUDY (MM/DD/YY):
WYLE E. COYOTE	**RECESS AIDE**	**10/27/2010**

SCHOOL DISTRICT	SCHOOL BUILDING
DISAPPOINTMENT SCHOOL DISTRICT	**STRESSED OUT SENIOR HIGH**

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STAFF SIGNATURE *W E Coyote* DATE **10/27/2010**

I reviewed this time study form and it is complete and in compliance with Medicaid Administrative Match program guidelines.

SUPERVISOR'S SIGNATURE *B. Leroy Brown* DATE **10/27/2010**

CODE IDENTIFIERS	Total Time
Code 3 – EDUCATIONAL SCHOOL RELATED ACTIVITES – Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students	
Code 4 – DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, and staff related travel.	

SYSTEM SUPPORT/PERSONAL ACTIVITIES	Tick Marks 15-Min Each	Provide a Brief Narrative Description For "b" codes	Total Time
Code 10 – SYSTEM SUPPORT OR PERSONAL TIME (Staff meetings, breaks, lunch, annual leave, and sick leave and Medicaid Ad Match Time Study Training.)			**.50**
PARALLEL CODING ACTIVITIES			
OUTREACH			
Code 1a – Inform students/families about general health education, wellness and prevention programs, IDEA and Child Find activities			
Code 1b – Inform students/families about Medicaid and Medicaid managed care and encourage access			
FACILITATING APPLICATIONS			
Code 2a – Explain eligibility process and how to apply for programs like IDEA, TANF, and reduced lunches			
Code 2b – Explain and assist students/families with Medicaid application process, verify current status	I	*Sent form home*	15 min
TRANSPORTATION			
Code 5a – Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, and/or educational programs or activities)			
Code 5b – Scheduling or arranging transportation to Medicaid covered services			
PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION			
Code 7a – Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health screening, policy development, for school aged children			
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TRAINING (PARTICIPATION IN OR COORDINATION)			
Code 8a – Improving delivery and referral to non-Medicaid services like IDEA/Child Find activities/programs			
Code 8b – Improving delivery and referral to Medicaid related services, early identification and referral for special health services like well-child exams. Training for the time study should be recorded under Code 10.	I	*Filled out this time form*	15 min
REFERRAL, MONITORING OF MEDICAID SERVICES			
Code 9a – Referrals for non-medical services or state education agency mandated child health screens (free Care) e.g., vision, hearing, scoliosis services			
Code 9b – Referrals, coordination, monitoring of Medicaid medical, dental, mental health, substance abuse, and family planning services	IIII	*Monitored lice line up*	60 min

Total paid time this day: **7.5**	Total time tracked this day (must equal paid time): **7.5**

Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

Medicaid Administrative Match – Schools – Time Study Form

STAFF NAME (PRINT)	JOB TITLE	DATE OF TIME STUDY (MM/DD/YY):
MARK WIZARD	**SECRETARY**	**10/27/2010**

SCHOOL DISTRICT	SCHOOL BUILDING
ON TARGET SCHOOL DISTRICT	**PERFECT SENIOR HIGH**

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STAFF SIGNATURE *Mark Wizard* DATE *10/27/10*

I reviewed this time study form and it is complete and in compliance with Medicaid Administrative Match program guidelines.

SUPERVISOR'S SIGNATURE *Suzie Smarts* DATE *Oct. 28 2010*

CODE IDENTIFIERS			Total Time
Code 3 – EDUCATIONAL SCHOOL RELATED ACTIVITES – Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students			*4.5*
Code 4 – DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, and staff related travel.			

SYSTEM SUPPORT/PERSONAL ACTIVITIES	Tick Marks 15-Min Each	Provide a Brief Narrative Description For "b" codes	Total Time
Code 10 – SYSTEM SUPPORT OR PERSONAL TIME (Staff meetings, breaks, lunch, annual leave, and sick leave and Medicaid Ad Match Time Study Training.)	/ / / /		*1.00*
PARALLEL CODING ACTIVITIES			
OUTREACH			
Code 1a – Inform students/families about general health education, wellness and prevention programs, IDEA and Child Find activities	/		*.25*
Code 1b – Inform students/families about Medicaid and Medicaid managed care and encourage access			
FACILITATING APPLICATIONS			
Code 2a – Explain eligibility process and how to apply for programs like IDEA, TANF, and reduced lunches	/	*Helped new family with reduced lunch application*	*.25*
Code 2b – Explain and assist students/families with Medicaid application process, verify current status			
TRANSPORTATION			
Code 5a – Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, and /or educational programs or activities)	/ /		*.50*
Code 5b – Scheduling or arranging transportation to Medicaid covered services	/	*Assisted pregnant teen with bus schedule to dr. appt.*	*.25*
PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION			
Code 7a – Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health screening, policy development, for school aged children			
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Code 9a – Referrals for non-medical services or state education agency mandated child health screens (free Care) e.g., vision, hearing, scoliosis services			
Code 9b – Referrals, coordination, monitoring of Medicaid medical, dental, mental health, substance abuse, and family planning services	/	*Referred new family to local dental clinics*	*.25*

Signing within a 5 day time period

Building Supervisors

Within **five** working days

after each time study day,

collect, review and

verify by your signature (in blue ink)

the completed time study forms.

Missing Time Reports
09-10

MAM Outreach Coordination

- CMS concerns about possible duplication
- Possible audit findings
- Other agencies contracted for MAM
- What is considered duplication
- Short term efforts are okay
- Free and reduced lunch applications
- What to do if you want to coordinate outreach

Program Improvements

Proposed NEW TIME STUDY PROCESS

- Single automated web-based random moment time study (RMTS)
- Paperless (almost)
- Significant reduction of administrative burden
- Statistically valid like current process
- Participants answer four questions
- Increased participation by school districts,
- Simplified contract monitoring activities.
- Reduced risks of audit and monitoring findings.
- Reduced risk of reimbursement of federal funds.

Questions and Answers

Wrap-Up